

# TRIPURA GAZETTE



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**EXTRAORDINARY ISSUE**

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*Agartala, Tuesday, October 29, 2024 A. D. Kartika 7, 1946 S.E.*

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Part -- II Advertisement and notices.

BEFORE THE NOTARY PUBLIC  
SANTIBAZAR : SOUTH TRIPURA

**AFFIDAVIT FOR TRIPURA STATE GOVERNMENT EMPLOYEE  
FOR CHANGE OF NAME/SURNAME**

BY THIS AFFIDAVIT, I the undersigned Sukhen Das lately called Sukhen Chandra Das Former name) employee as **Group-D (Darwan)** Department of Health Govt. Tripura (Designation of the post held at the time by the Govt. Servant) at **B.C. Manu PHC, at Birchandra Manu, Santirbazar, South Tripura** (place where employed in the Department/Office of the State Government) do hereby :-

1. Wholly renounce, relinquish and abandon on the use of my former name of **Sukhen Chandra Das** and I place thereof do assume from the date there of the name of **Sukhen Das** and so that I may hereafter be called, known and distinguished not by my former name of **Sukhen Chandra Das** but by my assumed name of **Sukhen Das**.

2. For the purpose of evidence such my determination, declare that, I shall at all times hereafter in all records, deeds and writings and in all proceedings, dealings and transactions private as well as public and upon all occasions whatsoever use and sign the name of **Sukhen Das** as my name in place of and in substitution for my former name **Sukhen Chandra Das**.

3. Expressly authorities and request all persons at all times hereafter to designate and address me by such assumed name of **Sukhen Das**.

4. In witness whereof I have here unto subscribed my former and adopted name of **Sukhen Das and Sukhen Das** affixed my seal this **24th day of October, 2024** before the **Notary Public at Udaipur Court Complex, Gomati Tripura**.

Sukhen Das

Sukhen ch Das  
Old Signature

Sukhen Das  
New Signature

Signed and delivered by the above  
Named \_\_\_\_\_  
Formerly \_\_\_\_\_  
Witness No. 1 \_\_\_\_\_  
Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Official Address \_\_\_\_\_  
(with Rubber Stamp)

in the presence of: \_\_\_\_\_

Sign. in my Presence  
& Identified by me.  
By me \_\_\_\_\_  
Advocate  
Gomati District Bar Association  
Udaipur, Tripura.

Witness No. 2 \_\_\_\_\_  
Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Official Address \_\_\_\_\_  
(with Rubber Stamp)

Medical Officer  
Birchandra Nagar S.M. PHC  
Santurkhar, South Tripura

**DECLARATION**  
I HAVE AFFIRMED & DECLARED  
BEFORE ME  
ON \_\_\_\_\_  
WITNESSED BY \_\_\_\_\_  
THIS DAY OF 24 OCT 2024  
AT \_\_\_\_\_

in the presence of: \_\_\_\_\_

Sign. in my Presence  
& Identified by me.  
By me \_\_\_\_\_  
Advocate  
Gomati District Bar Association  
Udaipur, Tripura.

**RANJAN KRISHNA DAS**  
NOTARY, Govt. of Tripura  
Gomati Dist. Office  
Reg. No. 007071

Sukhen Das